

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005317

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 301

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

CERTIFICATION

F.G. Thompson, M.D.

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>St. Joseph,</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in institution, give location) HOSPITAL OR INSTITUTION <b>Holland Rest Home 1311 1/2 North 10th Street</b>		d. STREET ADDRESS (If outside, give location) <b>2101 Faraon Street</b>	
3. NAME OF DECEASED (Type or print) First <b>STELLA</b> Middle <b>GILBERT</b> Last <b>GILBERT</b>		4. DATE OF DEATH Month <b>March</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 6, 1880</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>DeKalb County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Hockenberry</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Wilkins</b>	
14. NAME OF HUSBAND OR WIFE <b>Claude D. Gilbert</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Daughter</b> Address <b>Mrs. Neva Hunter-Phoenix, Arizona</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myo Carditis &amp; Cardiac Failure 2 days</b> DUE TO (b) <b>Arterio Sclerosis general 5 yrs</b> DUE TO (c) <b>Senility (83 yrs)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture of Rt Hip (Femur) Nov. 1962</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:00</b> a.m. <b>PM</b> Month, Day, Year <b>Nov 17, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b>	
21. I attended the deceased from <b>Nov 17, 1962</b> to <b>March 5, 1963</b> and last saw her alive on <b>March 5, 1963</b> Death occurred at <b>2:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F.G. Thompson M.D.</b>		22b. ADDRESS <b>902 Edmund - St. Joseph</b>	
22c. DATE SIGNED <b>3/6/63</b>		23. DATE <b>March 5, 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Memorial Park Cemetery Omaha, Nebraska</b>	
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 7, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

MAR 13 1963

Permit issued 3/6/63

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. J. Cherry

Licensed Embalmer No. 4679

P. O. Address 57 Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.